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 WASHINGTON, D.C. 20231  
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CONFIRMATION NO. 5169

Bib Data Sheet

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/755,714	01/05/2001 RULE	340	2635	55350US6B014

**APPLICANTS**

David T. Berquist, St. Paul, MN;  
 Peter M. Eisenberg, Minneapolis, MN;  
 Mitchell B. Grunes, Minneapolis, MN;  
 Robert J. Schilling, Arden Hills, MN;

**\*\* CONTINUING DATA \*\*\*\*\***THIS APPLICATION IS A CIP OF 09/484,370 01/14/2000 *YEB: NJS***\*\* FOREIGN APPLICATIONS \*\*\*\*\****NONE NJS*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 02/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	MN	3	38	12
Verified and Acknowledged	<i>MM</i>	Examiner's Signature	Initials		

**ADDRESS**

Attention: Peter L. Olson  
 Office of Intellectual Property Counsel  
 3M Innovative Properties Company  
 P.O. Box 33427  
 St. Paul ,MN 55133-3427

**TITLE**

User interface for portable rfid reader

FILING FEE RECEIVED 1754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/484,370 01/14/2000 ABN

YES *MBC*  
NONE *MBC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

\*\* 02/16/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met allowance				

**ADDRESS**

32692

**TITLE**

User interface for portable rfid reader

FILING FEE RECEIVED 1754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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